

DWS CHILD CARE ANNOUNCED INSPECTION

Licensors Name _____ Date of Inspection _____ Start Time _____ End Time _____

Facility ID _____ Provider's Name _____ Phone Number _____

Address Where Care Will Be Done _____

E-mail Address _____

When Care Is Provided

Additional information _____

Care Location ☐ Provider's Home ☐ Child(ren)'s Home

DWS Customer Name _____	DWS Customer Name _____
Number of Children _____	Number of Children _____

Children's Names and Ages

Relationship with the child(ren) in care: ☐ Grandparent ☐ Aunt/Uncle ☐ Cousin ☐ Sibling Over Age 18 ☐ Friend/Neighbor

Notes (Include information from Sticky Notes)

Expiration Date of Approval _____

☐ Review the photos from the Sex Offender Registry and remind the provider that these individuals cannot have unsupervised access to children in care

QUESTIONS

1) b)*	ask	<ul style="list-style-type: none"> ➤ When care is in the provider's home - Do the children live here? ➤ When care is in the child(ren)'s home -Do you live here? 		
1) c)*	ask if needed	If he/she lives in the same home as the child(ren) - <ul style="list-style-type: none"> ➤ Are you a sibling of the child(ren)? 		
1) e)*	ask	When care is in the child(ren)'s home : <ul style="list-style-type: none"> ➤ Is a parent of the child(ren), including a DWS customer working from home, here when care is provided? 		
7) b) i)	ask	<ul style="list-style-type: none"> ➤ Do you take the child(ren) off the premises (for example, to run errands or go to a park)? If yes – ➤ Is the parent aware of this? 		
7) b) ii)	ask	<ul style="list-style-type: none"> ➤ Do you allow the child(ren) to leave the premises, such as to go to a neighbor's house or ride their bikes on the street? If yes – ➤ Is the parent aware of this? 		
4) b)*	ask	<ul style="list-style-type: none"> ➤ Are there infants in care? If yes -- ➤ When they are sleeping, how do you supervise them? (having them sleep where you can see and hear them or visually checking on them at least once every 15 minutes) 		
5) g) ii)*	ask	<ul style="list-style-type: none"> ➤ Do you place them on their stomachs for sleeping? 		
5) l) i)*	ask	<ul style="list-style-type: none"> ➤ Do you transport the child(ren)? If yes -- ➤ Do they wear appropriate individual safety restraints? 		
5) l) ii)*	ask	<ul style="list-style-type: none"> ➤ Do you ever leave them unattended in the vehicle? 		
5) l) iii)*	ask	<ul style="list-style-type: none"> ➤ Are you ever intoxicated or impaired when transporting them? 		
5) i)*	ask	<ul style="list-style-type: none"> ➤ Are there any animals accessible to the (child)ren? ➤ If yes --Do they have a history of dangerous, attacking, or aggressive behavior? 		
6) c)*	ask	<ul style="list-style-type: none"> ➤ Do you ensure that the children are not subjected to physical, emotional, or sexual abuse while in care? 		
6) d)*	ask	<ul style="list-style-type: none"> ➤ If you witness or suspect abuse, neglect, or exploitation of the children, will you report it to Child Protective Services? 		
6) e)*	ask	<ul style="list-style-type: none"> ➤ If needed, how do you discipline the child(ren)? 		
6) e) i)*		discipline cannot be: any form of corporal punishment that produces pain or discomfort such as hitting, spanking, shaking, biting, pinching		
6) e) ii)*		restraining movement by binding, tying, or other form of restraint		
6) e) iii)*		shouting at them		
6) e) iv)*		any form of emotional abuse		
6) e) v)*		forcing or withholding food, rest, or toileting		
6) e) vi)*		confining them in a closet, locked room, or other enclosure such as a box, cupboard, or cage		

9) c)		You must have an emergency and disaster plan.		
9) c) i)	ask	➤ What will you do if there is a fire in the home?		
9) c) ii)	ask	➤ What will you do if there is an earthquake?		
9) c) iii)	ask	➤ Where will you re-locate if you have to leave the premises? ➤ If you have to re-locate, how will you let the parent know?		
7) a)	ask	➤ Does the parent of the child(ren) have access to all areas used for care? [NA when care is in the child(ren)'s home .]		
8) a)*	ask	➤ In the case of a life threatening incident or injury, will you contact emergency personnel immediately and before contacting the parent?		
8) b)*	ask	➤ Do or will you give medication to the child(ren)? If yes – ➤ Have or will you report any adverse reaction to a medication or any error in the administration of a medication to the parent immediately upon recognizing the error or reaction?		
8) c)	ask	➤ While the child(ren) Has there been any fatality, hospitalization, emergency medical response, or injury that required attention from a health care provider? If yes - ➤ Did you notify us within 24 hours of its occurrence?		
8) d)	ask	➤ Has any Covered Individual been convicted of a felony or misdemeanor? If yes - ➤ Did you notify us within 48 hours of becoming aware of the conviction?		
8) e)	ask	➤ Have you changed your name, your telephone number, your child care schedule, or the children in care? If yes - ➤ Did you notify us within 10 calendar days of the change?		

DOCUMENTATION				
2) b)*	ask	<p>➤ Since the last inspection, has anyone moved into the home? If yes - ➤ Did you submit a Background Screening form for him/her?</p>		
2) c)*	ask	<p>➤ Since the last inspection, has anyone stayed in the home for more than 2 weeks? If yes - ➤ Did you submit a Background Screening form for him/her?</p>		
2) d)*	ask	<p>➤ Since the last inspection, has anyone in the home turned 12-years-old? If yes - ➤ Did you submit a Background Screening form for him/her? (N/A when care is in the child(ren)'s home and the child is a sibling of the children in care)</p>		
2) a)*	ask	<p>➤ When care will be in the provider's home: What are the names of everyone age 12-years old and older who live in the home? ➤ When care will be in the child(ren)'s home: What are the names of everyone 12-years-old and older who live in the home except the DWS customer(s) and 12- to 17-year-old siblings of children in care.</p> <p>Living in the home means the individual:</p> <ul style="list-style-type: none"> • daily shares a bathroom, kitchen, and/or living area with others in the home; or • does not have a signed rental/lease agreement with the person who owns the home; or • does not have a separate mailing address and mailbox from the rest of the home (A Post Office Box is not considered a separate mailing address); or • does not live in an area with a separate outside entrance and there is not an interior doorway (inside the home) between the living areas; or • could have unsupervised access to the children in care. <p>Names of Covered Individuals: (Check for current approved background screenings.)</p>		
9) a)	observe	Does the provider have current First Aid certification?		
9) b)	observe	Does the provider have current infant/child CPR certification from a class that included hands-on testing?		
10) a) i)	observe	Does the provider have current First Aid and CPR certifications available for review?		
10) a) ii)	observe	Does the provider have a 12 month record of the dates and times each child was in care?		
10) a) iii)	observe	Does the provider have parent/guardian attestation statements of current immunization records for each child?		

INDOOR AND OUTDOOR				
3) a) i) ii)* 3) b) i) ii)*	observe or ask and calculate	All children younger than 13-years-old, including the provider's children and any children related to the provider, who are in the home when care is provided are considered children in care.		
		➤ Other than the child(ren) of the DWS customer(s), are there any other children younger than 13 in the home when care is provided?		
		<p>provider's home</p> <p>When all children in care are siblings who are related to the provider and there are no other children in care - no limit</p> <p>When there are children in care who are not siblings who are related to the provider - no more than 8 children and no more than 2 of those children can be younger than 2-years-old</p> <p>(License or RC required when there are more than 4 unrelated children in care.)</p>	<p>child(ren)'s home</p> <p>When all children in care are siblings and there are no other children in care - no limit</p> <p>When there are children in care who are not siblings - no more than 8 children and no more than 2 of those children can be younger than 2-years-old</p> <p>(Only the children living in the home can be in care.)</p>	
4) a)*	observe or ask	Are all children directly supervised? (School-age children can be outdoors when providers are indoors and can hear them.)		
5) b)	observe	Is the home, outdoor area, toys, and equipment maintained in a safe manner to prevent injury to the child(ren)?		
5) c)	observe	Is there a working telephone?		
5) d)	observe	Is there a working fire extinguisher?		
5) e)	observe	Is there a working smoke detector on each floor of the home?		
6) b)	observe	Is there a flushing toilet and a working hand washing sink?		
5) f)*	ask observe	➤ Are there firearms on the premises? If yes - Are they loaded? Are they in a cabinet, safe, or area that is locked with a key or combination lock?		
5) g)*	ask observe	➤ Are there infants in care? If yes – Is there equipment designed for sleep?		
5) h) i)	observe	Are there accessible prescription medications, over-the-counter medications, vitamins, or herbal supplements?		
5) h) ii)*	observe	Are there accessible empty refrigerators or freezers?		
5) h) iii)*	observe	Are there accessible exposed live electrical wires?		
5) h) iv)*	observe	Are there accessible open containers of alcohol?		
5) h) v)*	observe	Are there accessible illegal substances?		
5) h) vi)	ask if not observed	➤ Are there portable space heaters, fireplaces, or wood burning stoves* that, when in use, are accessible?		

5) h) vii)	observe	<p>Are there any of the following accessible toxic substances?</p> <ul style="list-style-type: none"> <input type="checkbox"/> ammonia <input type="checkbox"/> anti-freeze <input type="checkbox"/> bleach (undiluted) <input type="checkbox"/> corroded batteries <input type="checkbox"/> drain cleaners <input type="checkbox"/> energy shots <input type="checkbox"/> fertilizer with weed killer <input type="checkbox"/> florescent light tubes <input type="checkbox"/> gasoline <input type="checkbox"/> gunpowder <input type="checkbox"/> gun solvent <input type="checkbox"/> hydrocarbons <input type="checkbox"/> iodine <input type="checkbox"/> insecticide <input type="checkbox"/> insect repellent <input type="checkbox"/> iodine <input type="checkbox"/> jewelry cleaner <input type="checkbox"/> kerosene <input type="checkbox"/> lighter fluid 	<ul style="list-style-type: none"> <input type="checkbox"/> linseed oil <input type="checkbox"/> liquid correction fluids <input type="checkbox"/> model glue <input type="checkbox"/> nail glue <input type="checkbox"/> nail polish remover/other solvents containing acetone <input type="checkbox"/> paint thinner <input type="checkbox"/> pesticides <input type="checkbox"/> rubber cement <input type="checkbox"/> rubbing alcohol <input type="checkbox"/> silicone spray <input type="checkbox"/> spray paint <input type="checkbox"/> super glue <input type="checkbox"/> Tiki Torch Fuel <input type="checkbox"/> tile grout sealer <input type="checkbox"/> turpentine <input type="checkbox"/> vinyl adhesive remover <input type="checkbox"/> water sealant <input type="checkbox"/> WD-40 <input type="checkbox"/> weed killer <input type="checkbox"/> windshield washer fluid 		
5) h) viii)	observe	Are there accessible poisonous plants?			
5) h) ix)*	observe	Are there accessible open flames?			
6) a)	observe	Is there a clean and sanitary environment for the child(ren)?			

OUTDOOR (N/A when there is no outdoor area)				
5) j) i) (1)*	observe	Are there accessible unanchored swings and/or large metal slides?		
5) j) i) (2)*	observe measure if needed	Are there accessible raised decks or balconies or open stairwells 5 feet or higher without protective barriers or with protective barriers with gaps greater than 5 inches by 5 inches?		
5) j) i) (3)*	observe	Are there accessible motor vehicles on blocks?		
5) j) i) (4)*	observe	Are there accessible rebar or metal rods less than 36 inches long sticking up from the ground or out of walls?		
5) j) ii)*	observe	Is there accessible stationary play equipment over hard surfaces such as cement or asphalt?		
4) e)*	observe ask	➤ Is there a trampoline? If yes – ➤ How do you supervise children when they are on the trampoline?		
4) c)*	ask	➤ Do you use wading pools? If yes – ➤ How do you supervise children in the wading pool?		
4) d)*	observe ask	➤ Is there a swimming pool that's not emptied after each use? If yes – ➤ How do you supervise children when they are in the swimming pool?		
5) k) i)*	ask	If yes – ➤ How do you ensure children are protected from unintended access to the pool?		
5) k) ii)*	observe ask	➤ Is there a hot tub with water in it? If yes – ➤ How do you ensure children are protected from unintended access to the hot tub?		
5) k) iii)*	observe ask	➤ Are there any water hazards such as ponds, streams, or fountains with more than 2 inches of water in them? If yes – ➤ How do you ensure children are protected from unintended access to the water hazard?		
5) j) iii)	observe ask	Is there equipment? If yes --➤ How do you ensure equipment is used in a safe manner to prevent injury to the child(ren)? (Unsafe use includes walking on slides, going down slides head first, being on top of swing sets, climbing up the outside of covered slides, playing on the roofs of structures, and swinging while standing, twisting, or on stomachs.)		